

**HEALTH CARE BENEFITS FOR CHILDREN OF VIETNAM VETERANS**

**CHAPTER: 2**  
**SECTION: 5.1**  
**TITLE: VACUUM-ASSISTED CLOSURE DEVICE**

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**AUTHORITY:** 38 CFR 17.900 -17.902

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**I. PROCEDURE CODE(S)**

HCPCS Level II Codes: K0538 – K0540

**II. DESCRIPTION**

A. The Vacuum-Assisted Wound Closure (VAC) device creates sub-atmospheric pressure on the chronic wound site by using a sophisticated system for managing wound care. Medical grade foam dressing is placed in or on the wound and is then covered with a transparent film that creates an airtight seal. A negative pressure wound therapy (NPWT) pump first draws fluid off the wound that otherwise would slow or prevent healing. With the fluids removed, the body is then able to more effectively nourish the wound site to promote healing. Finally, the negative pressure draws together the edges of the wound.

B. The MiniVAC, a smaller, “wearable” version, uses a battery-powered pump. The MiniVAC fits into a case that can be hung from the shoulder or fastened around the waist, allowing ambulatory patients to continue their normal activities while still benefiting from the VAC therapy.

C. A Stage III pressure sore refers to a wound having full thickness skin loss involving epidermis and/or dermis.

D. A Stage IV pressure sore refers to a wound having full thickness skin loss with extensive destruction, tissue necrosis (dead tissue) or damage to muscle, bone, or supporting structures.

**III. POLICY**

A. VAC coverage is limited to Stage III and Stage IV pressure sores and for the following conditions:

1. leg ulcers,
2. wounds with skin defects,

3. burns,
  4. complications of surgical wounds, and
  5. delayed healing wounds.
- B. The VAC is considered durable medical equipment and preauthorization is required.
- C. For wounds and ulcers determined to be Stage III and Stage IV, the wound vac and supplies will continue to be covered until:
1. In the judgment of the treating physician, adequate wound healing has occurred to the degree that NPWT may be discontinued, or
  2. Any measurable degree of wound healing has failed to occur over the prior month. There must be documentation in the patient's medical records that indicate quantitative measurements of wound characteristics including wound length and width (surface area), or depth, serially observed and documented, over a specified time interval. The recorded wound measurements must be consistently and regularly updated and must have demonstrated progressive wound healing from month to month.
- D. A written order for the wound vac and supplies must be signed and dated by the treating physician. The order must include the type of supplies ordered and the approximate quantity to be used per unit of time.
- E. A treatment plan is required. The plan must include specific functional goals and a reasonable estimate of when those goals will be reached. The plan must also include the frequency and duration of treatment.
- F. The physician must do a review and recertification, to document the healing process, every 30 days. The documentation must include quantitative measurements of wound characteristics including wound length and width (surface area), and depth, and amount of wound exudates (drainage). The documentation must also include such elements as previous measurements and presence of granulation and necrotic tissue.
- G. If documentation in the beneficiary's medical record is insufficient to support ongoing use; the wound vac and supplies will be denied as not medically necessary.

#### **IV. POLICY CONSIDERATIONS**

- A. Speed of healing depends on wound type. The average length of time for healing is 90 days.
- B. The VAC may be used to help promote healing prior to a flap or graft by advancing early healing of the site and thereby helping to prepare the wound bed for a flap or graft procedure.

C. The VAC may be used to help promote healing of previously non-healing wounds.

D. The standard dressing change is 48 hours, 3 times a week. Dressing changes beyond this period require medical documentation to support medical necessity for a chronic open wound.

E. The MiniVAC is covered if medically necessary and the patient is ambulatory.

F. For wounds and ulcers determined to be Stage III and Stage IV, the NPWT pump and supplies will continue to be covered until:

1. In the judgment of the treating physician, adequate wound healing has occurred to the degree that use of the wound vac may be discontinued, or

2. The equipment or supplies are no longer being used for the patient, whether or not by the physician's order.

G. Home health care services are reimbursed separately.

## **V. EXCLUSIONS**

A. The wound vac and supplies will be denied at any time as not medically necessary if one or more of the following are present:

1. The presence of necrotic tissue with eschar (a thick, coagulated crust or slough in the wound which developed following a thermal burn, or chemical or physical cauterization of the skin), and if debridement is not attempted.

2. Untreated osteomyelitis (inflammation of the bone marrow and adjacent bone) within the vicinity of the wound.

3. Cancer present in the wound.

4. The presence of a fistula to an organ or body cavity within the vicinity of the wound.

B. Treatment for Stage I or II pressure sores.

**\*END OF POLICY\***

